



For Office Use Only:

Notification #: _____

ASBESTOS/DEMOLITION NOTIFICATION FORM

DO NOT WRITE IN THIS BOX- FOR DEPARTMENT USE ONLY

Date received: ____/____/____ Postmark date: ____/____/____ Walk-in date: ____/____/____

TYPE OF NOTIFICATION: (Select one and fill in the requested information)

☒ ORIGINAL ☐ AMENDMENT No. ____ ☐ CANCELLATION

☐ EMERGENCY

• Was emergency request made to the Regional Office or Environmental Health Notifications Group (EHNG) by phone?

☐ Yes ☐ No

• If yes, the DSHS reference #: ____ and name of the Regional or EHNG representative with whom you spoke? ____

Date: ____/____/____ Time: ____ a.m. ☐ p.m.

• Describe the reason for Emergency: ____

☐ ORDERED: (For structurally unsound facilities, attach copy of demolition order and identify Governmental Official)

Name: ____ Registration No. ____

Title: ____

Date of order (MM/DD/YY): ____/____/____ Date order to begin (MM/DD/YY): ____/____/____

(x)
Below if
Amended

AMENDMENTS: You must complete the entire form and mark the appropriate check box(es) along the left-hand side of this form to indicate amended information.

TYPE OF WORK

☐ Asbestos Abatement ☒ Demolition ☐ Annual Consolidated O&M ☐ Abatement/Demolition

Is this a phased project? ☐ Yes ☒ No

FACILITY INFORMATION

1. Facility Location

- ☐ Description or Facility Name: F. J Doyle Salvage Site
☐ Physical Address: 905 N. Poplar
☐ County: Fannin City: Leonard Zip: 75452
☐ Facility Contact: Gary Moore, EPA OSC Phone #: (214) 789-1627

2. Type of Facility (Select one)

☐ Public ☐ Federal ☒ Industrial/Manufacturing ☐ NESHAP-Only ☐ Public School K-12

3. Facility Details

- ☐ Description of Area/Room Number: Abandoned transformer recycling facility
☐ Age of Building: 42+ Size: 2200 ft Number of Floors: 1
☐ Is this building occupied? ☐ Yes ☒ No
☐ Prior Use: Recycling discarded/damaged PCB transformers
☐ Future Use: none
☐ Date of Asbestos Survey/NESHAP Inspection: 10/04/18
☐ DSHS Inspector License #: 98028
☐ Analytical Method: ☒ PLM ☐ TEM ☐ Assumed Asbestos ☐ No Suspect Material
☐ DSHS Laboratory License #: 30-0031

WORK SCHEDULE/ASBESTOS AMOUNTS (Note: if the start date(s) entered below cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TACAP Section 295.61.)

1. Asbestos Abatement Work Schedule:

- ☐ Start date: 11/06/18 and End date: 11/09/18
☐ Work days: ☐ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat. ☐ Sun.
☐ Working hours: 7 a.m. ☐ p.m. to 6 a.m. ☒ p.m.

2. Demolition Work Schedule:

- ☐ Start date: 11/09/18 and End date: 11/10/18
☐ Work days: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☒ Fri. ☒ Sat. ☐ Sun.
☐ Working hours: 7 a.m. ☐ p.m. to 6 a.m. ☒ p.m.

(x)
Below if
Amended

C. ASBESTOS AMOUNTS

☐ Is Asbestos Present? ☒ Yes ☐ No (Complete the table below if asbestos is present)

Asbestos-Containing Building Material Type	Approximate amount of Asbestos						
<i>*Only mark the boxes below on this chart if they are being amended</i>	Pipes	Ln Ft	Ln M	Surface Area	SQ Ft	SQ M	Cu Ft
<input type="checkbox"/> RACM to be removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	*
<input type="checkbox"/> RACM left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category I non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Category I non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Exterior Category II non-friable removed		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Category II non-friable left in place during demolition		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> RACM Off-Facility Component							

DESCRIPTION OF WORK PRACTICES AND PROCEDURES

☐ 1. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: _____

Maintain water fog during all site activities;

Immediately secure wastes and keep potentially affected materials damp during demolition operations.

☐ 2. Description of planned demolition or abatement work, type of material, and method(s) to be used: _____

Demolition of abandoned facility, various wood, concrete and sheet metals, some metal fasteners;

Use of hydraulic excavator with bucket and thumb to remove the building is small, manageable sections.

☐ 3. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

Signage and physical barriers

Water Fog

Institutional controls to limit mobility of demolition wastes prior to packaging.

PROJECT INFORMATION

☐ A. FACILITY OWNER

Facility Owner Name: US Environmental Protection Agency

Phone #: (214) 789-1627

Attention: Gary Moore

Mailing Address: 1445 Ross Avenue

City: Dallas State: TX Zip: 75202

☐ B. ASBESTOS ABATEMENT CONTRACTOR #1

DSHS Asbestos Contractor License #: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: () - - Job-Site Phone #: () - -

☐ C. ASBESTOS ABATEMENT CONTRACTOR #2 (Only if there is more than one Contractor)

DSHS Asbestos Contractor License #: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: () - - Job-Site Phone #: () - -

D. ASBESTOS SUPERVISOR

☐ DSHS Supervisor License #: _____ Site Supervisor: _____

☐ DSHS Supervisor License #: _____ Site Supervisor: _____

(x)
Below if
Amended

E. NESHAP TRAINED INDIVIDUAL

☐ NESHAP Trained Individual: _____
Certification Date: / /

☐ **F. DEMOLITION CONTRACTOR**

Demolition Contractor: Environmental Restoration, LLC
Address: 1666 Fabick Drive
City: Fenton State: Missouri Zip: 63026 Phone #: (888) 814-7477

☐ **G. PROJECT CONSULTANT OR OPERATOR**

DSHS License No.: _____
Project Consultant or Operator: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: () - _____

☐ **H. Waste Transporter**

DSHS Waste Transporter License #: _____
Waste Transporter: Republic Industries
Address: 1400 Warren Drive
City: Marshall State: TX Zip: 75672
Contact Person: David Thornburg Phone #: (214) 505-4714

☐ **I. Waste Disposal Site**

TCEQ Permit #: 1195A
Waste Disposal Site: Malov Landfill
Address: 2811 FM 1568
City: Campbell State: TX Zip: 75422
Phone #: (903) 886-7832

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for the fee associated with this notification. I also understand that the owner, operator, or delegated agent is responsible for notification to the department.



Date: 10/12/18

(Signature of Owner, Operator or Delegated Agent)

Gary Moore, U.S. EPA Federal On-Scene Coordinator

(Printed Name & Title)

E-mail Address: moore.gary@epa.gov Phone #: (214) 789-1627

IMPORTANT INFORMATION

NOTIFICATION TIMELINESS REQUIREMENT:

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

FILING FEE: An invoice will be mailed to the facility owner upon completion of the project.

CALL FOR ASSISTANCE: (512) 834-6747 or (888) 778-9440 (toll free in Texas)

MAIL FORM TO:

ENVIRONMENTAL HEALTH NOTIFICATIONS GROUP
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO BOX 143538
AUSTIN, TX 78714-3538